

“FEE ADDRESS” INDICATION FORM

Address to:
Mail Stop M Correspondence
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Fax to:
571-273-6500

- OR -

INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the “Fee Address” under the provisions of 37 CFR 1.363 the address associated with:

Customer Number: 000197

OR

The attached Request for Customer Number (PTO/SB/125) form.

PATENT NUMBER (if known)	APPLICATION NUMBER
7,926,601	

Completed by (check one):

- | | | | |
|-------------------------------------|--|--|--|
| <input type="checkbox"/> | Applicant/Inventor | <hr style="border: 0.5px solid black; margin-bottom: 5px;"/> | <hr style="border: 0.5px solid black; margin-bottom: 5px;"/> /Anthony A. Laurentano/ |
| <input checked="" type="checkbox"/> | Attorney or Agent of record | <hr style="border: 0.5px solid black; margin-bottom: 5px;"/> | Signature |
| <input type="checkbox"/> | 38,220
(Reg. No.) | <hr style="border: 0.5px solid black; margin-bottom: 5px;"/> | <hr style="border: 0.5px solid black; margin-bottom: 5px;"/> Anthony A. Laurentano |
| <input type="checkbox"/> | Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96) | <hr style="border: 0.5px solid black; margin-bottom: 5px;"/> | <hr style="border: 0.5px solid black; margin-bottom: 5px;"/> Typed or printed name |
| <input type="checkbox"/> | Assignee recorded at Reel _____ Frame _____ | <hr style="border: 0.5px solid black; margin-bottom: 5px;"/> | <hr style="border: 0.5px solid black; margin-bottom: 5px;"/> (617) 202-4624 |
| | | <hr style="border: 0.5px solid black; margin-bottom: 5px;"/> | <hr style="border: 0.5px solid black; margin-bottom: 5px;"/> Requester's telephone number |
| | | <hr style="border: 0.5px solid black; margin-bottom: 5px;"/> | <hr style="border: 0.5px solid black; margin-bottom: 5px;"/> December 6, 2011 |
| | | <hr style="border: 0.5px solid black; margin-bottom: 5px;"/> | <hr style="border: 0.5px solid black; margin-bottom: 5px;"/> Date |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: December 6, 2011

Electronic Signature for Anthony A. Laurentano: /Anthony A. Laurentano/